

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31174

FILED
Mar 29, 2005
Secretary of State

Entity Name: RETINA ASSOCIATES OF FLORIDA, P.A.

Current Principal Place of Business:

602 S. MACDILL AVE.
TAMPA, FL 336094614

New Principal Place of Business:

Current Mailing Address:

602 S. MACDILL AVE.
TAMPA, FL 336094614

New Mailing Address:

FEI Number: 59-2695288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIZZARD, W. SANDERSON
508 S HABANA
SUITE 120
TAMPA, FL 336094614 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRIZZARD, W. SANDERS, ON
Address: 602 S. MACDILL AVE
City-St-Zip: TAMPA, FL 336094614

Title: TS () Delete
Name: HAMMER, MARK E. M.D.,
Address: 602 S. MACDILL AVE
City-St-Zip: TAMPA, FL 336094614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER ECHEVERRY

MS

03/29/2005

Electronic Signature of Signing Officer or Director

Date